

LGBTQ Seniors: Health, Housing and Social Support

An Annotated Bibliography

Prepared for Pride Seniors Project: Into the Closet – A Needs Assessment

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Introduction

Compiled for the *Pride Seniors Project – Into the Closet: A Needs Assessment*, this annotated bibliography, “LGBTQ Seniors’ Health, Housing and Social Support,” reviews literature assembled by Edmonton’s Pride Seniors Committee on LGBTQ individuals who are aging, particularly their challenges. It provides a ‘lay-of-the-land’ on the topic through short summaries of the assorted collection of literature. The task was not a complete literature review.

The sources include academic journal publications, graduate theses, non-governmental reports, and grey literature such as newspaper and magazine articles, and blog posts. A large portion of the materials were from the U.S.

The document is organized in two sections:

1. An overall summary and discussion on the available literature.
2. A short summary of each article, the individual citation, and relevant themes. The articles are alphabetically listed in sections, according to the type of literature (i.e., grey literature, academic publications, reports, or thesis).

The sections are followed by an alphabetical index of all authors to facilitate navigation through the report.

Various terms were used in the literature to describe individuals who do not identify as heterosexual or gender conforming. Unless otherwise noted, the term LGBTQ (lesbian, gay, bisexual, trans/transgender, and queer) is used for consistency. The added “Q” signifies the depth of gender and sexual diversity (e.g., intersex, two-spirited, questioning). For a more complete explanation of the terminologies, please refer to “Gender and sexual diversity: Health services consultation and literature review.”¹

¹ Arnold, S., & de Peuter, J. (2007). *Gender and sexual diversity: Health services consultation and literature review – Healthy diverse populations*. Calgary Health Regions. Retrieved from: http://www.calgaryhealthregion.ca/programs/diversity/diversity_resources/health_div_pops/GLBQITT_report.pdf

Overall summary and discussion

A Profile: Who are LGBTQ Seniors?

The aging population is becoming increasingly diverse. LGBTQ seniors are emerging as a unique demographic with specific needs, even though they are not well understood in research. While the numbers vary, there are approximately 2.9 million LGBTQ seniors in the U.S. and 335,000 in Canada.² These numbers are based on census estimates, considering the percentage of the national population that identifies as LGBTQ and the percentage of older individuals, but understood to be an underestimate. Self-reporting is limited because many LGBTQ seniors are reluctant to be open about their sexual orientation or gender identity. Senior status, ranging from 50-65 years and above, is also arbitrary, depending on the source. Nevertheless, the data presented here are a starting point for understanding the LGBTQ senior demographic.

This particular group has seen changes throughout history. LGBTQ seniors have lived through an era when homosexuality was deemed a disease by the medical community, when many of their friends died of HIV/AIDS, and when they were isolated from or shamed by their family and friends. For many seniors, it was safer to stay in the closet than come out. As a result of the stigma, LGBTQ older adults are relatively more secretive about their sexual orientation or gender identity, and more mistrustful of health professionals (Baumgartner, 2007; Branca; 2013; Knauer, 2013; QMunity, 2013; Simone & Appelbaum, 2011) than younger adults.

Compared to their heterosexual counterparts, LGBTQ seniors are more likely to be socially isolated or live alone, more likely to rely on surrogate family or a family of choice (i.e., partner and close friends), less likely to have children, and more likely to experience poverty or financial instability (Knauer, 2013). Moreover, they face higher risks of sexually transmitted infections, mental illness such as depression, and diseases such as cancer (Knauer, 2013; Simone & Appelbaum, 2011). Pettinato's research (2008) discussed addictive behaviors among older lesbian women, particularly those who used alcohol as a way to deal with feelings of being disassociated from their "authentic selves". These statistics vary significantly within LGBTQ populations (SAGE, 2011).

Despite these hardships, LGBTQ seniors are also resilient because of the experiences they lived through (SAGE, 2011). Resiliency can manifest as greater likelihood to get flu shots and

² Population estimates for LGBTQ seniors vary depending on source and definition. According to the QMunity report "Aging Out" (citation see pg. 25), LGBTQ-identified individuals account for approximately 6.7% of the seniors (65 years and older) population. The latest U.S. census from 2012 reports 43 million seniors; this is about 14% of the total population (<http://www.census.gov/prod/2014pubs/p25-1140.pdf>). Also as of 2012, Statistics Canada reports 5 million seniors in the country, or 14.4% of the total population (<http://www.statcan.gc.ca/pub/11-402-x/2012000/pdf/population-eng.pdf>). Based on these numbers, there are approximately 2.9 million (43 million x 6.7%) and 335,000 (5 million x 6.7%) LGBTQ seniors in the U.S. and Canada, respectively.

HIV/AIDS tests, enjoy leisure activities, and feel connected with their communities (SAGE, 2011).

Challenges

Fear of discrimination and victimization:

As LGBTQ seniors age, they face a multitude of challenges and barriers within the care system. Fear of discrimination and victimization, based on historical prejudice and hate, is a primary concern. Because of discrimination, LGBTQ seniors generally have a harder time securing housing (Bahrapour, 2014). Fear of discriminatory attitudes and comments from health care or long-term care staff and fellow residents have forced many back into the closet, often from which they have only recently emerged. This trend results in fear of disclosure, mistrust of health and social service providers, and inadequate or inappropriate service provision (Simone & Appelbaum, 2011).

Heterosexism:

Unlike the previous theme that addresses explicit discrimination, heterosexism conveys an implicit discriminatory culture and an assumption of homogeneity. Our society is dominated by heterosexist values that do not foster safe and welcoming spaces for LGBTQ seniors. Heterosexism means heterosexuality is considered the dominant value and norm. A related concept, cis-genderism, is when gender-conforming identities are treated as the norm (Mulé et al., 2009).

In service delivery, sometimes it is as simple as the language used in the intake form for a long-term care or assisted living facility (e.g., partner vs. wife or husband, number of children). Some authors have noted that such subtle or covert discrimination is more likely to occur in a senior housing facility, and is as equally pernicious as hate crimes (Neville & Henrickson, 2010). Incidents where clients are asked, however nicely, by nursing home staff to hide their sexual orientation or gender identity so others can be more comfortable³ is a form of subtle discrimination that brings back negative memories for LGBTQ seniors, forcing them back into the closet.

LGBTQ seniors often do not enjoy the same benefits, such as estate, insurance, and medical services, afforded to their heterosexual counterpart. This can be exacerbated by legislation and policies that do not recognize same-sex marriages, for example, in certain states of the U.S. Mulé et al. (2009) describe this phenomenon as a dependency on a heterosexist institution because insurance or social security benefits are designed from the dominant perspective.

Social support:

³ Teitel, E. (2014, June 30). LGBT Baby Boomers find themselves fighting homophobia, again: The challenges facing aging gay, lesbian and trans seniors. *Maclean*. Retrieved from <http://www.macleans.ca/society/health/lgbt-baby-boomers-find-themselves-fighting-homophobia-again/>

Nevertheless, increasingly more institutions are tuning in to the realities of LGBTQ seniors and acknowledging the role of surrogate family or families of choice in their lives, particularly when it comes to visitation rights and medical decision-making. Unlike a traditional, nuclear family, surrogate families may include an intimate partner, close friends, or neighbours (Knauer, 2013; SAGE, 2011). However, this social support network is fragile, and even shrinking for some LGBTQ seniors who have lost friends due to diseases such as HIV/AIDS (Carlson & Harper, 2011). Social support can also be challenging when members of surrogate families are also aging adults who face many of the same issues.

Lack of research:

LGBTQ seniors are under-studied (Lim & Bernstein, 2012). As a result, there are limited data and understanding about this population (Lim & Bernstein, 2012; SAGE, 2011). The same can be said about same-sex families with children (Burkholder & Burbank, 2012).

Canadian context

In 2005, Canada became the fourth country in the world to legislate same sex marriage nationwide in the Civil Marriage Act.⁴ While legislatively, Canada fares better than its neighbour to the south when it comes to LGBTQ rights, there is still work to be done to support an aging LGBTQ population. To date, there are no LGBTQ senior-exclusive facilities in the country. There are however several organizations and resources that have a mandate to support LGBTQ seniors or to create an inclusive environment for seniors of diverse backgrounds, which include gender identity and sexual orientation. One initiative in particular, from Halifax, attracted much media attention, but in the end was not approved despite meticulous development plans.

- Spirit Place⁵ (Halifax): Developed in partnership with St. John's United Church, Spirit Place delineates a plan for a senior community where people of all backgrounds, including LGBTQ individuals, can live, worship, and interact with one another. In August 2013, the city of Halifax rejected the plan due to zoning issues. No update has been provided since the decision.⁶
- QMunity⁷ (Vancouver): A queer resource centre for LGBTQ people of all ages; the website has a section dedicated to older LGBTQ adults with information about housing, counselling, and health and wellness. Cultural competency materials have yet to be developed.

⁴ Hogg, P. W. (2006). Canada: The Constitution and same-sex marriage. *International Journal of Constitutional Law*, 4(4), 712–721. doi:10.1093/icon/mol019

⁵ <http://spiritplace.ca/>

⁶ Fraser, L. (2013, July 31). HRM Rejects Seniors Complex. *The Chronicle Herald*. Halifax. Retrieved from http://thechronicleherald.ca/metro/1145393-hrm-rejects-seniors-complex?utm_source=website&utm_medium=mobi&utm_campaign=full-site

⁷ <http://www.qmunity.ca/older-adults/>

- Fudger House⁸ (Toronto): A long-term seniors' residence that prides itself as an LGBTQ-positive environment and ethno-culturally diverse resident population; Fudger House has been in operation since 1990 and is home to 249 residents.

Recommendations from the literature

Cultural competency:

Across the board, articles in this review echoed a similar message: cultural competency is vital for fostering a welcoming and safe environment for LGBTQ seniors (Tabar, 2012; Stein, Beckerman, & Sherman, 2010; SAGE, 2011). Recognizing and acknowledging the existence of LGBTQ seniors is an important first step for long-term care and assisted living facilities (Charbonneau, 2011). Cultural competency training can further raise the awareness about LGBTQ seniors for service providers. Resources such as Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders (SAGE), the largest LGBTQ seniors' organization based in the U.S., as well as Toronto's "Diversity Our Strength," a LGBTQ cultural competency toolkit for long-term care services,⁹ are starting points for training and education in Canada.

Meyer's essay, "Safe Spaces? The Need for LGBT Cultural Competency in Aging Services," part of a collection of articles within the SAGE (2011) report, is perhaps the most relevant to the Pride Seniors Project. The other articles in this SAGE collection are focused more on American legislations and public policies. After the U.S. government officially recognized the need for services specific to LGBTQ seniors, a resource centre dedicated to cultural competency training surfaced to meet this need. According to Meyer, such initiative still requires strong policy and legislative backing.

The results of the Open Door Project evaluation (Landers, Mimiaga, & Krinsky, 2010) demonstrate that culturally competent care benefits not only LGBTQ seniors but also other diverse groups. Moreover, this model facilitates staff critically reflecting on covert discrimination and being mindful about their own biases and assumptions. In the end, the Open Door Project allowed the organization to develop structural changes, training, and more inclusive policies to support a safe and welcoming space for LGBTQ seniors.

Fostering safe spaces:

The literature in this review also suggest other means of promoting a safe space: displaying LGBTQ-positive posters and signs; hiring LGBTQ staff members in the facilities; practicing appropriate language in day-to-day interactions and procedures such as intake forms; and updating policies and processes to be more inclusive of diverse backgrounds. Training and policies ensure that everyone, from staff to peers, is exposed to a common understanding of a

⁸ <http://www1.toronto.ca/wps/portal/contentonly?vnextoid=3a0e3293dc3ef310VgnVCM10000071d60f89RCRD>

⁹ Toronto Long-Term Care Homes & Services. (2008). *Diversity Our Strength: LGBT Tool Kit for Creating Lesbian, Gay, Bisexual and Transgendered Culturally Competent Care at Toronto Long-Term Care Homes and Services* (pp. 1–146). Toronto. Retrieved from http://www1.toronto.ca/city_of_toronto/longterm_care_homes_services/files/pdf/lgbt_toolkit_2008.pdf

safe space. Ultimately, to truly create a welcoming and non-judgmental atmosphere, institutions require strong support from leaders at the higher levels of management (Landers et al., 2010). Wagner, McLeester, and Wierenga (n.d.) also share ideas in technology and signage to help foster a welcoming environment. Collaboration between public and private sectors is another area for innovative approaches in serving LGBTQ seniors (SAGE, 2011).

Research done by Stein, Beckerman, and Sherman (2010) about the health and psychosocial experiences of LGBTQ seniors living in long-term care facilities is in fact quite relevant to the Pride Seniors project. In addition to recommending cultural competency training and hiring LGBTQ staff in long-term care facilities, the research raised the issue of LGBTQ-specific spaces such as a separate floor for LGBTQ seniors. While some have argued in favour of such facilities, others have described them as too exclusive and in danger of “ghettoization.” They advocate for a more inclusive and tolerant culture that welcomes people of all backgrounds (Adams, 2013; PFund Foundation, 2010).

Community readiness:

Changes often require time and shift in culture. To help assess the readiness of a community or an organization for change, Carlson and Harper (2011) outline a procedure called “Community Readiness Model,” which could be applicable for service delivery in the Edmonton context. Follow-up would be a critical step. PFund Foundation (2010) also examines community readiness for change to support LGBTQ seniors. QMunity’s (2013) review demonstrates that there is in fact community readiness to address the needs of LGBTQ seniors in British Columbia. Simone and Appelbaum (2011) encourage health and social service providers to take a more proactive stance in creating change.

Policy:

The relationship between public policy and safe spaces is another prevalent theme in the literature (MAP & SAGE, 2010; SAGE, 2011). Burkholder and Burbank (2012) recommend that health care professionals become more familiar with state/regional policies and legislation regarding same-sex marriage and families. Understanding relevant policies, in addition to exposure to same-sex families, are a means for practitioners to gauge their own biases and attitudes and subsequently build greater rapport with clients. Knauer (2013) discusses guardianship laws at length and recommends greater consideration for the role of surrogate families in decision-making. Mulé et al. (2009) urge the involvement of LGBTQ individuals in policy development as a way to stop perpetuating heterosexism. However, merely having legislation is sometimes not enough. Bahrapour’s (2014) article emphasizes the importance of enforcement in addition to government support in policy and legislation.

Furthermore, contributing authors to the SAGE (2011) report collectively expressed urgency in coordinating and consolidating policy advocacy efforts for LGBTQ seniors. Many authors admit that there will be resistance. However, policy changes ultimately require leadership support, creativity, and careful resource allocation (SAGE, 2011). Time (MAP & SAGE, 2010) and funding

(MAP & SAGE, 2010; PFund Foundation, 2010) are other factors to be considered for policy change.

**Author's note – Research:*

The lack of research and data about the LGBTQ older adults population represents a major knowledge gap. Most of the existing research comes from an American context where same-sex marriage is only legal in some of the states. Much of the literature in this review presents blanket statements that are negative and general, overlooking the diversity of programs that *do* exist and support LGBTQ seniors.

Only a handful of publications in this review reported on supportive programs (e.g., Open Door Project – Landers et al., 2010). Looking ahead, it will be important to search internationally for best practices to determine how programs and services are supporting LGBTQ senior's aging process. More research from a Canadian context and a strength-based perspective will shed light on initiatives that *are* in place and what kinds of coping strategies LGBTQ seniors have relied on in times of difficulty rather focus exclusively on what is missing.

Grey Literature: Newspaper, magazine articles, & blog post

Adams (2013). Retiring the closet

Adams, T. (2013). Retiring the closet. *Pride* 13, 82-84.

This article discusses various housing development projects for LGBTQ seniors in the U.S.; most have stalled due to a stagnant economy. However, some question whether such LGBTQ-centric housing is the ideal solution, and wonder perhaps if it is more important to have “like-minded people” living together in a safe and welcoming haven. Through interviews with individuals, Adams highlights key elements that LGBTQ seniors are seeking when considering housing options as they age. Many individuals are building their own communities and families that are unlike the traditional support system found in heterosexual families. Some seek housing in the city for the culture and amenities. Meanwhile, training among senior housing facility staff and sensitization among peer residents are important factors for promoting cultural safety. Ultimately, housing facilities and programming should help build communities and break isolation, for all seniors, LGBTQ or not.

Themes: extended family/social support, LGBTQ-centric housing/economic challenges, fear of discrimination, universal acceptance, “communities of like-minded people,” safety/safe haven, reducing isolation/community engagement, training, resilience/community strength, “look out for each other together as one”

Bahrampour (2014). Same-sex couples encounter more barriers when seeking senior housing, study finds

Bahrampour, T. (2014, February 26). Same-sex couples encounter more barriers when seeking senior housing, study finds. *Washington Post*. Retrieved from http://www.washingtonpost.com/local/same-sex-couples-encounter-more-barriers-when-seeking-senior-housing-study-finds/2014/02/25/851e6702-9e56-11e3-b8d8-94577ff66b28_story.html.

A recent study published by the Equal Rights Center in Washington D.C. looked at the house-seeking experience of people posing as straight or same-sex couples in 10 different states. In general, LGBTQ couples had a harder time securing housing compared to their heterosexual counterparts, even if they were in better financial standing. Discrimination was a key aspect. In certain states without anti-discrimination legislation to protect LGBTQ individuals, testers reported a higher incidence of discrimination compared to those in states with protective policies, demonstrating the link between public policy and housing access. In other places, legislation does not appear to have an influence on the level of discrimination. The study recommends that enforcement of protective legislation is important.

In terms of seniors' housing facilities, the study indicates organizations should have anti-discrimination or safe space policies in place and provide their staff with sensitivity training and orientation. Discrimination from staff and fellow residents living under group care is a major concern. The study suggests that the government should play a bigger role to support LGBTQ seniors, a unique demographic with specific needs. There is limited research about this group that has lived through the era when homosexuality was considered a disease, when many people died during the AIDS epidemic, and when it seemed safer to stay in the closet than out.

Themes: fear of discrimination, public policy, policy enforcement, anti-discriminatory policy, housing access, senior housing

Charbonneau (2011). Eye View: LGBT seniors facing challenges

Charbonneau, D. (2011, July 11). LGBT seniors facing challenges [Web blog post]. Retrieved from <http://members.shaw.ca/DavidCharbonneau/kdn11/LGBT%20seniors.htm>.

In a short, direct, and honest piece, columnist David Charbonneau with the Kamloops Daily News articulates the needs and realities of some 1,200 LGBTQ seniors in the Kamloops area (estimate based on national statistics) who are more at risk for discrimination and victimization compared with heterosexual individuals. The article provides a backdrop to the issues of a safe and welcoming environment for LGBTQ seniors who have “come a long way” but “still have a way to go as they move into retirement homes.” Charbonneau looks to Ontario for a model to build on, noting specifically that recognizing the existence of LGBTQ seniors is an important first step. Other measures that housing facilities can take are sensitivity and awareness training for staff members, fostering a welcoming environment through posters and using appropriate language such as partners.

Theme: housing facilities, developing safe environment (sensitivity), senior safety, recognition of human sexuality and gender identity, political leadership

Gross (2007). Aging and gay, and facing prejudice in twilight

Gross, J. (2007, October 9). Aging and gay, and facing prejudice in twilight. *The New York Times*. Retrieved from: <http://www.nytimes.com/2007/10/09/us/09aged.html?pagewanted=all&r=0>

This article primarily reports on the experiences of LGBTQ seniors facing discrimination in care services. Fear of discrimination can be debilitating. Many LGBTQ seniors do not come out of the closet to their fellow residents and even their caregiver because of this fear. Some have witnessed their own friends and loved ones being ridiculed and insulted because of their gender identity or sexual orientation. To appease other residents, one solution caregivers sometimes resort to is relocating LGBTQ individuals to mental health or dementia wards. The

resulting loneliness, depression, retreat back into the closet, and, in rare cases, suicide, create anxiety for many LGBTQ seniors as they age. The dread of having to rely on outside help for their most personal care can have emotional, mental, and even physical consequences. Even though most LGBTQ seniors voice that there is discrimination, very few actually raise civil rights lawsuits against nursing homes or assisted living facilities because many are “too frail or frightened to bring action.” Because of the rising numbers in the demographic, LGBTQ seniors are taking control of their aging process and starting to educate service providers across the U.S. in cultural sensitivity and culturally competent care (e.g., LGBT Aging Project). Some places are even supporting LGBTQ-exclusive facilities (e.g., Chelsea Jewish Nursing Home and Stonewall Communities in Boston). Other affirming strategies include hiring LGBTQ case managers and caregivers.

Themes: challenges (depression, social isolation, fear of discrimination, loneliness, lack of support network); recommendations/solutions (LGBTQ-friendly or exclusive facilities; LGBTQ staff/caregivers; culturally competent training for staff); profile (taking charge of their own aging; civil rights)

Miller (2012). Breaking ground on housing for LGBT seniors

Miller, M. (2012, November 8). Breaking ground on housing for LGBT seniors. Reuters. Retrieved from <http://www.reuters.com/article/2012/11/08/us-column-miller-lgbt-idUSBRE8A71G720121108>.

Miller reports on the progress of housing programs and facilities for aging LGBTQ individuals, a growing population that is facing an increasing need for non-discriminatory, welcoming, and safe senior housing options (e.g., assisted living, nursing homes). For many seniors, living in assisted housing facilities means discrimination from staff and other residents. The U.S. government has implemented policies to promote inclusion in seniors’ housing facilities, mandated anti-discriminatory policies for facilities funded by federal department dollars, and developed resources for cultural sensitivity training among facility staff. Senior housing projects – particularly for low-income individuals – are gaining national attention. Housing complexes in downtown Philadelphia and Fountaingrove Lodge in California are examples that respond to the needs and realities of LGBTQ seniors.

Themes: socioeconomic status /financial security, aging, government initiatives, emerging LGBTQ housing projects, nursing home staff, discrimination, anti-discriminatory policies, challenges, health needs, cultural sensitivity

Tabar (2012). How LGBT-friendly is your facility?

Tabar, P. (2012, October). How LGBT-friendly is your facility? *Long-term Living*, 38-39.

Surveys and studies in the U.S. show that cultural competency training, while common in many long-term care facilities, is often inadequate when it comes to sensitivity towards LGBTQ seniors. The article points out that for elders transitioning into long-term care, the idea of culture and family takes on new meaning that caregivers and service providers are often not aware of. This essay specifically focuses on cultural competency training for long-term care facilities to foster safe and welcoming environment for LGBTQ seniors who are more vulnerable to discrimination and victimization. Tabar suggests several resources, particularly SAGE (Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders based in U.S.), for information and training.

Themes: long-term care (redefining structure), fear of discrimination, support resources, fostering safe living environment, cultural competency, training, policy, extended family

Academic publications

Burkholder & Burbank (2012). Caring for Lesbian, Gay, Bisexual, and Transsexual Parents and their Children

Burkholder, G.J., & Burbank, P. (2012). Caring for Lesbian, Gay, Bisexual, and Transsexual Parents and their Children. *International Journal of Childbirth Education*, 27(4), 12-18.

This article focuses on LGBTQ family units rather than on a specific age demographic. It aims to provide information and recommendations for health care professionals, especially nurses, for the care of LGBTQ families and their children. While numbers differ depending on sources, same-sex households comprise approximately 1% of all households in the U.S., where 19.4% reported having children, either adopted from a previous heterosexual relationship or through artificial insemination. These trends result in diverse family structures. In some case, artificial insemination donors remain connected and involved in the children's lives.

There have been advances in the acceptance and rights of LGBTQ individuals and same-sex families. Public opinion has improved. The scientific community, medical associations and organizations, including the World Health Organization, no longer treat homosexuality as a disease. Many health agencies have developed resources and guidelines to improve communication, cultural competency, and person-centred care. More evidence is emerging to suggest that children raised in same-sex families fare just as well as children from heterosexual families in terms of "emotional adjustment, behavioral issues, sexual orientation, gender identity, ... cognitive functioning, [...] and quality of life" (p. 14). The key to healthy children therefore lies in the relationship between parents and children rather than on the sexual orientation of the parents. Nevertheless, data on LGBTQ households are limited. More research and evidence – particularly in the field of nursing – are needed to understand and support same-sex families with children.

States vary in their policies on same-sex marriages and families and the authors indicate that it is critical for health care professionals to be familiar with them. Some other recommendations for nurses and health care professionals include understanding own biases and attitude. These require a high level of reflexivity. Experience interacting with same-sex families and creating a welcoming environment are also important. Ultimately, it is important for health care professionals to understand and gather information about their patients and build rapport with the families.

Themes: same-sex families and children, nursing, recommendations for health care professionals (cultural competency, respectful/safe environment, understanding, information, building relationships), adoption, LGBTQ family structure, surrogate families, nursing education

Carlson & Harper (2011). One Facility's Experience Using the Community Readiness Model to Guide Services for Gay, Lesbian, Bisexual, and Transgender Older Adults

Carlson, L.A., & Harper, K.S. (2011). One facility's experience using the community readiness model to guide services for gay, lesbian, bisexual, and transgender older adults. *Adultspan: Theory Research & Practice*, 10(2), 66-77.

Background:

LGBTQ seniors are a socially invisible and vulnerable group. The article presents a profile of this demographic and discusses some of the challenges faced by LGBTQ seniors including dependency on heterosexist institutions, shrinking social support systems, and fear of discrimination. These persistent challenges at societal and institutional levels have led many LGBTQ individuals to avoid the very services they need as they age.

In terms of service delivery, service providers should be particularly mindful of the following needs related to LGBTQ seniors: 1) services to support physical and mental health; 2) financial stability; 3) legal and civil rights; 4) community engagement; 5) social networks; 6) spiritual health; 7) support with service provision; and 8) potential abuse and neglect (p. 67-8).

Method:

Given the lack of knowledge and training for staff at senior facilities, changes can be difficult. The Community Readiness Model (CRM) is a tool to initiate the community on the path of change. It measures service providers' and communities' readiness for policy and practice changes that meet the needs of clients from diverse backgrounds.

In this study, researchers applied the CRM to a specific long-term care centre through one-on-one interviews with the staff to determine the level of awareness about LGBTQ seniors and readiness for change, and developed recommendations to improve service provision. In a systematic and structured manner, the questionnaire examined community efforts, community knowledge of the efforts, leadership, community climate, community knowledge about LGBTQ seniors, and existing resources related to LGBTQ seniors.

Implications:

Carlson and Harper provide detailed instructions on how to carry out a CRM with a target community. After analyzing data from a CRM process and developing recommendations, follow-up monitoring and evaluation are critical to assess the implementation of the recommended changes in the facility and the community.

Themes: community readiness for change, tool for community action/assessing community readiness, service provision, long-term care facilities, staff awareness, recommendations, improve facility practice, leadership for change, LGBTQ seniors profile, challenges (dependency on heterosexist institutions, loss of social support, discrimination)

Editorial (2009). Diversity and Ageing

Editorial: Diversity and Ageing (2009). *Australian Social Work*, 62(2), 127-131.

This editorial presents challenges and issues faced by a general aging population in Australia. It points to the diversity in race, ethnicity, sexual orientation, gender, socioeconomic status, and (dis)abilities within the senior demographic. For social work students and practitioners, this article warns against ageism, urging them not to treat the elderly population as a homogenous unit, and recommended greater understanding and cultural sensitivity. The editorial discusses concerns for stigma and discrimination and notes that preventive policies from the government, while a step in the right direction, may not always have the desired positive outcome. One specific example relates to LGBTQ seniors. Even though the government has lifted discriminatory legislation, this move may inadvertently force many LGBTQ seniors to disclose their gender identity or sexual orientation against their will, potentially resulting in negative mental and emotional health consequences. The article recommends that practitioners consider the potential impact an intervention may have on people, given the historical, political, and social context of their experiences.

Themes: ageism, homogeneity, general senior population, diversity, challenges (stigma and discrimination, differential exposure to risk, elder abuse, social exclusion, segregated services, fear of disclosure), recommendations (service access, inclusion, sound government policies, cultural sensitivity)

Knauer (2013). LGBT Issues and Adult Guardianship: A Comparative Perspective

Knauer, N.J. (2013). LGBT Issues and Adult Guardianship: A Comparative Perspective. *Comparative Perspectives on Guardianships*. K. Dayton (Ed.). Available at: http://works.bepress.com/nancy_knauer/28

Legislative background:

This extensive review discusses legal guardianship and meaning of family within the context of LGBTQ seniors and their unique circumstances. The essay compares the situation in the U.S. and elsewhere. In some countries, same-sex marriage is widely accepted. Some have even adopted explicit policies to recognize the rights and benefits of married same-sex couples. In the U.S. however, civil union and related benefits vary from state to state because LGBTQ issues are still debated. Unlike some countries, the U.S. has not legislated anti-discriminatory policies federally. Regionally, such policies usually apply in workplaces. Because anti-discriminatory policies exist in limited areas, discrimination against gender variance and homosexuality continues. Transgender individuals face added challenges and different sets of issues specific to

gender identity that are not the same as sexual orientation. In order for anti-discriminatory policies to be effective, Knauer argues that they need to be broadened to include guardianship laws.

Profile of older LGBTQ individuals:

Many older LGBTQ adults grew up in the turbulent era of the LGBTQ civil rights movement. They tend to be more secretive about their identity and sexual orientation, mistrustful of health professionals, more likely to live alone and be financially unstable, less likely to have children, and more at risk for mental illnesses such as depression and suicide. For many LGBTQ seniors, they often rely on “chosen” or surrogate families as opposed to direct, nuclear families. This chosen family incorporates their social network to include partner, friends and neighbours.

Challenges:

Given that same-sex marriage is not recognized in many states, support structures for LGBTQ families are limited. Consequently, when it comes to issues of caregiving or next of kin responsibilities, LGBTQ seniors and their chosen families are at a disadvantage that could potentially cause emotional, mental, and even physical harm. Moreover, chosen families tend to be in the same age group and therefore more likely to have issues of aging themselves. Because of these challenges, older LGBTQ seniors often have to rely on outside assistance. However, because of fear of discrimination against their gender identity and sexual orientation, LGBTQ seniors may be reluctant to seek out services and thus remain socially isolated, especially if they have limited support network. Other challenges they may face in elder care include remaining closeted, level of secrecy, and discrimination by room other residents (bullying, or avoidance behavior).

Guardianship laws:

The existing guardianship system in the US is inadequate to meet the needs of LGBTQ seniors. Often, guardianship laws do not directly address sexual orientation or gender identity which impedes the ability of LGBTQ seniors and their support network to properly make decisions about their aging process. When it comes to determining capacity, next of kin, and decision-making standards, the author argues that guardianship policies need to recognize that gender identity and sexual orientation are at the core of LGBTQ seniors’ autonomy and self-determination. In a Canadian context, British Columbia and the Yukon have developed supportive decision-making frameworks for LGBTQ elders (e.g., British Columbia Representation Agreement Act). Such policies allow members of the support network or the chosen family to make decisions on behalf of the individual.

Themes: challenge (legal guardianship; fear of discrimination; limited support network; structural and policy barriers to recognize family ties); profile (social isolation; mental health; living alone); reform recommendation (recognizing identity and sexual orientation; respecting self-determination; decision-making capacity; surrogate/chosen family; rethinking family)

Landers, Mimiaga, & Krinsky (2010). The Open Door Project Task Force: A Qualitative Study on LGBT Aging

Landers, S., Mimiaga, M.J., & Krinsky, L. (2010). The Open Door Project Task Force: A Qualitative Study on LGBT Aging. *Journal of Gay & Lesbian Social Services*, 22, 316-336.

Background:

Even though numbers vary, Landers, Mimiaga, and Krinsky posit that there are approximately 1.7-3.5 million LGBTQ seniors in the U.S. (estimate based on current census statistics). As this group increases in size, long-term and health care should adjust to meet its needs. While people share universal concerns with aging, LGBTQ seniors have additional challenges. For example, institutionalization is common for many seniors as they enter long-term care, but LGBTQ seniors face the added concern of fear of discrimination from administration, staff, other residents, and home caregivers because of their sexual orientation. Because of the stigma, studies have revealed that LGBTQ seniors are concerned about their well-being in long-term care; many express the desire for LGBTQ-friendly or exclusive facilities. Other challenges include discrimination, issues with health insurance, living in a heterosexist society, and family or support network.

Method:

Researchers conducted a qualitative study about how to create a welcoming space with culturally competent care for LGBTQ seniors through the Open Door Project (ODP). The goal of the study was to evaluate the ODP, a program developed by LGBT Aging Project to help aging service agencies to improve their care for LGBTQ seniors. A secondary goal of the research was to help promote such programs elsewhere. ODP is designed to train agencies in culturally competent care for LGBTQ seniors. The study collected information from service providers/agency staff through focus groups and one-on-one interviews. Results of the focus groups informed the development of the interview guide in the second phase with key informant interviews.

Results and Implications:

Findings from the focus groups fell into five topics: understanding the goals of the ODP; development and dissemination of safe space policies; provider knowledge and program effectiveness (the more training, the better the care); need for ongoing support from senior leadership; and concerns about sustainability of the work of ODP. The interviews built upon these themes generated from the focus groups. Key findings are:

- 1) ODP offers a model to think about culturally competent care that can be transferred to other diverse groups; in the case of LGBTQ seniors, ODP allowed staff to reflect more on issues of homophobia and discrimination, however latent and covert they are.
- 2) ODP promoted structural level changes and development of more LGBTQ friendly and inclusive policies (e.g., mission statement; work-related benefits for staff; day to day operation).

- 3) Need to widely disseminate the messages.
- 4) ODP training helped staff to change some of their attitudes (i.e., personal beliefs vs. professional responsibility), become more aware and better able to care for their clients.
- 5) Conversations allowed agencies to develop ways to sustain staff training to create safe and welcoming space for LGBTQ seniors (e.g., ongoing staff training models).
- 6) Need to disseminate training information to clinical departments.
- 7) Critical role of supportive and active leadership in senior management.

Themes: elder care (long-term care facilities; home care); challenges (fear of discrimination in care; stigma; hiding identity; heterosexist); recommendations (culturally competent care; staff training model; sustainability; active leadership; LGBTQ-inclusive policies; welcoming and supportive environment)

Lim & Bernstein (2012). Promoting awareness of LGBT issues in aging in a baccalaureate nursing program

Lim, F. A., & Bernstein, I. (2012). Promoting awareness of LGBT issues in aging in a baccalaureate nursing program. *Nursing education perspectives*, 33(3), 170-175.

LGBTQ elders are perhaps the most underserved and under-studied population in health research. While much of the focus in health disparity has been along racial, gender, and income lines, gender and sexuality coupled with aging are rarely explored. This article estimates that LGBTQ seniors comprise approximately 2-7 million of the U.S. population. They face a variety of challenges and barriers including stigma, discrimination, even hate crimes, lack of access to services, fear of disclosure, social support, greater risk for HIV/AIDS, cancer, and mental illnesses. Lim and Bernstein point out that nurses play an important frontline role in alleviating some of these barriers and health disparity against LGBTQ senior population. However, the current nursing programs are not sufficient in fulfilling this mandate. Recommendations in transforming the nursing curriculum are: faculty training, including LGBTQ speakers and faculties when designing the curriculum, and building stronger community partnerships for student placements. The authors contend that change in knowledge gap, attitude, and cultural competency for nursing professionals starts within the institution.

Themes: LGBTQ elders, LGBTQ nursing, aging, challenges (stigma, discrimination, hate crime, prior negative experiences, homophobia, heterosexism, social support, greater risk exposure) recommendation for nursing education (culturally competent care/education, training, student interest groups, faculty development, partnerships with community organizations)

Mulé et al. (2009). Promoting LGBT health and wellbeing through inclusive policy development

Mulé, N.J., Ross, L.E., Deeprose, B., Jackson, B.E., Daley, A., Travers, A., & Moore, D. (2009). Promoting LGBT health and wellbeing through inclusive policy development. *International Journal for Equity in Health*, 8(18).

This article discusses the health and well-being of the overall LGBTQ population in Canada, at a broad, policy level without going into too much detail about the specific health issues. Mulé and colleagues use an anti-oppressive, critical, and intersectional perspective to “expand public health promotion discourse in order to be inclusive of the gender and sexually diverse populations.”

Despite the move toward a population health perspective and the development of the ecological model through the Ottawa Charter of Health Promotion, public health policy and health promotion continue to place a strong emphasis on individual responsibility for illness and disease. Health is therefore still very much a disease-centred concept. Many of these policies were developed without considering the diversity of the LGBTQ population and thus exclude this group from the conversation, even though racial and ethnic diversity are part of the whole picture. The LGBTQ population’s health and well-being are deeply affected by institutional structures. Gender identity and sexual orientation intersect with the social determinants of health, leading to systemic discrimination and policies that continue to undermine the health of LGBTQ people. To ensure inclusiveness and stop perpetuating heterosexism, the author asserts that it is critical to involve the LGBTQ population in policy development and decision- making.

Themes: public policy, health promotion, inclusiveness, systemic discrimination, heterosexism, social determinants of health, intersectionality with gender and sexual diversity, health inequity

Neville & Henrickson (2010). ‘Lavender retirement’: A questionnaire survey of lesbian, gay and bisexual people’s accommodation plans for old age

Neville, S., & Henrickson, M. (2010). ‘Lavender retirement’: A questionnaire survey of lesbian, gay and bisexual people's accommodation plans for old age. *International journal of nursing practice*, 16(6), 586-594.

Background:

Researchers in New Zealand took a strength-based approach to map out the needs and concerns for living arrangements in later years of gay, lesbian, and bisexual (LGB) individuals. Aging LGB individuals face greater challenges and barriers to health and wellness compared with their heterosexual counterparts because of the complexity of their sexuality. Despite greater public policy protection against discrimination, covert discrimination continues to undermine society. Given the political history involving the height of the HIV/AIDS struggle and gay and lesbian rights, LGB seniors are demanding services and facilities that are non-discriminatory. As such, healthcare professionals, especially gerontology nurses, need to adopt

new frames of non-heterosexist mindset as they engage with culturally safe practices for aging LGB seniors.

Method:

Guided by a community advisory panel, the researchers developed a cross-sectional survey instrument. The survey explored primarily two questions with LGB individuals 16 years and older: What are their plans for housing in late age, and if they were no longer able to live independently, what are their housing plans? Analysis was stratified based on gender, income, education, and connectedness with the larger LGB community.

Results and Implications:

For 2269 participants, senior housing community/facilities that cater to the general population are the least preferred option. If they were no longer able to live independently, the majority of the respondents said that they would prefer facilities that were LGB-friendly or –centred. The article highlights self-selection as a limitation. Recommendations are specifically targeted at nurses. The field of nursing needs to “vigorously challenge the heteronormative delivery of health-care services to older people” (p. 592). The authors recommend that the nursing curriculum be more encompassing of diversity issues related to the LGBTQ population. Staff training could apply a more case study approach to introduce ways of working with LGBTQ older adults. Culturally safe policies and practices such as using appropriate words and phrasing in health assessment questionnaires and modifying guardianship or next of kin responsibilities are other ways to accommodate the needs of LGBTQ seniors.

*Author’s note: A greater gap in this research that is not mentioned is the exclusion of gender non-conforming individuals such as transgender and intersex people. Rather than focusing on sexuality, research that is inclusive of both sexual and gender diversity would be stronger.

Themes: retirement, housing preference, residential support, challenges (discrimination against sexual orientation; stress; covert discrimination), heteronormative/heterosexist health care, cultural safety, recommendation (cultural safety training; accommodate surrogate family; person-centred care; consumer-directed), social support (political involvement – resiliency), declining health, supportive environment

Pettinato (2008). Nobody was out back then: a grounded theory study of midlife and older lesbians with alcohol problems

Pettinato (2008). Nobody was out back then: A grounded theory study of midlife and older lesbians with alcohol problems. *Issues in Mental Health Nursing*, 29, 619-638.

Background:

This was a qualitative inquiry into the experience of older lesbians and their alcohol habits. Pettinato presents the health profile, specifically mental health, of older lesbian women. The

mental health issues that many face such as anxiety and depression are related to the misuse of alcohol. In some instances, alcohol use is associated with how “out” someone is.

Method:

Pettinato conducted a grounded theory research with 13 older lesbian women in one-on-one interviews about their alcohol use experience. The grounded theory methodology allows the researcher to systematically identify themes and sub-themes based on the words of the participants.

Results and Implications:

Most of the participants drink or drank excessively to the points of passing out or “blacking out” because of feeling disconnected from their “authentic selves.” In addition to feeling disconnected from their identity as a lesbian, participants also voiced that they felt disconnected from their roles of partner, wife, mother, and student. Other sub-themes associated with the overarching theme of “disconnection from the authentic self” include “getting married, having children, disassociating, demoralizing, emotionally blacking out, and living a lie” (p. 622). The outcome of this research is valuable for gerontological nurses and other health professionals as they support older lesbian patients coping with addiction or mental illness.

Themes: emotional and mental health (health profile); addiction (challenge); negative coping mechanism; lesbian women; disconnection with identity and family; internalized homophobia; lack of self worth; disassociation; living a lie; supportive health care professionals; culturally competent care

Simone & Appelbaum (2011). Addressing the needs of older lesbian, gay, bisexual, and transgender adults

Simone, M.J., & Appelbaum, J.S. (2011). Addressing the needs of older lesbian, gay, bisexual, and transgender adults. *Clinical Geriatrics, 19(2), 38-45.*

Simone and Appelbaum provide a descriptive health profile of older LGBTQ adults who face many unique circumstances and barriers compared to their heterosexual counterparts. According to the authors, 3-8% of senior patients in the U.S. identify as LGBTQ, and by 2030, 120,000-300,000 of them will require residential and nursing home care. LGBTQ seniors have a unique coming out experience. Some participated in the gay rights movement (i.e., Stonewall Riot) while others have remained in the closet because of trauma and internalized homophobia. Transgender adults face added challenges because of the greater stigma associated with gender identity, which remains as an illness in the Manual of Mental Disorders. Other barriers the authors identified are consistent with the literature about fear of disclosure, discrimination, public policies, and higher risk for sexually transmitted infections, addictive behaviors, mental

illness, and diseases such as cancer. Additionally, challenges in the areas of employment, social support, income, and housing, further compromise the health of LGBTQ seniors. As an example, for those requiring long term care, many LGBTQ older adults are at risk for not receiving adequate services because of fear of discrimination from staff and other residents. Despite the greater acceptance of LGBTQ individuals in society as a whole, discrimination continues in the healthcare community in more covert forms. Negative past experiences have created deep mistrust between physicians and LGBTQ patients.

There are limited research studies and data on the LGBTQ senior population. Many of the health descriptions are inferences, leaving ample room for improvement and understanding in health care. Ultimately, Simone and Appelbaum urge healthcare professionals to take a proactive stance in creating a welcoming and safe environment for seniors. Better culturally competent care means being forthright in asking about patients' sexual and social history (even though some evidence suggests that LGBTQ seniors are less likely to disclose such information), more understanding of the realities of this unique population (e.g., greater risks for certain diseases, roles of caregiver, surrogate families), and recognizing that health professionals have a role to play even in terms of encouraging patients to create wills, especially in states that have less tolerant policies.

Themes: health profile (health risks; mental health; STI; HIV/AIDS; addictive behaviors; cancer), LGBTQ older adults, needs of transgender individuals, challenges (discriminatory policies for finances, public policy, housing, stigma, fear of disclosure), recommendations (culturally competent care; welcoming environment), role of health care professionals (doctor-patient relationships; trust; past negative experiences)

Stein, Beckerman, & Sherman (2010). Lesbian and gay elders and long-term care: identifying the unique psychosocial perspectives and challenges

Stein, G.L., Beckerman, N.L., & Sherman, P.A. (2010). Lesbian and gay elders and long-term care: identifying the unique psychosocial perspectives and challenges. *Journal of Gerontological Social Work*, 53, 421-435.

Background:

This article reports on the findings and implications from a qualitative inquiry on LGBTQ seniors' concerns and perspective of the psychosocial needs as they age and transition into assisted long-term facilities. Stein, Beckerman, and Sherman first discussed the existing literature on the health profile and challenges of this population. Some of the challenges include social vulnerability and invisibility, public and legal policies, fear of discrimination, stigma, and isolation, and lack of social support. In fact, living alone was once again cited as a major difference between LGBTQ seniors and their heterosexual counterparts.

Method:

To “better understand the health and psychosocial experiences of [LGBTQ] seniors living in long-term care and those living in the community contemplating the possibility of a future move to long-term care” (p. 422), researchers facilitated focus groups with 12 LGBTQ elders living in the community and four who are already living in long-term care.

Results and Implications:

Several consistent themes emerged. Participants voiced universal concerns about aging. However, LGBTQ seniors face the “double stigma of ageism and homophobia” (p. 429). Having endured a lifetime of maltreatment and discrimination, LGBTQ seniors were especially worried about stigma, neglect, or even abuse from their caregivers, particularly those who attend to their daily needs. In addition, they were concerned about acceptance and tolerance from other non-LGBTQ residents, and with having to return to the closet and live a secret life. Especially for those living in long-term care, many faced “chronic anxiety” (p. 430) related to these fears that “magnified their sense of isolation and loss” (p. 430). Given the role of surrogate families (friends, neighbors, relatives as opposed to the immediate families for heterosexual individuals), many elders want senior support groups or bereavement groups to be more inclusive of their experience of losing same-sex partners. Some participants indicated a preference for LGBTQ-friendly or LGBTQ-specific living facilities, such as a separate floor for LGBTQ individuals. Other recommendations included staff training, expanding the meaning of culture in cultural competency, and creating respectful, non-judgmental, and safe environments at the facilities.

Themes: elder neglect and abuse, long-term care, aging, challenges (fear of disclosure, discrimination, stigma, social policies as barriers, isolation/living alone, meaning of family/surrogate families, social vulnerability/invisibility, chronic anxiety, dependency), recommendations (sensitivity training, culturally competent care, gay-friendly or gay staff, respectful/non-judgmental/safe spaces)

Wagner, McLeester, & Wierenga (n.d.). Reaching underserved populations through UMore Park

Wagner, H., McLeester B., & Wierenga, C. (n.d.). Reaching underserved populations through UMore Park. University of Minnesota – Twin Cities Promoting Independence in Housing and Community. PowerPoint presentation.

This PowerPoint presentation is prepared for contractors and developers who are engaged in the development and construction of UMore Park, a senior housing facility. The presentation specifically discusses issues and implications for three underserved senior populations that the developers should be mindful of: deaf, Muslim, and LGBTQ seniors. While LGBTQ seniors are the interest of our current literature review, they share with the other two groups some universal concerns about safety, mobility/accessibility, a community support network, and privacy as they live out the remainder of their lives in a safe and welcoming environment. In addition, for the deaf seniors, they need staff to understand their physical (dis)ability (i.e., know

sign language) and social support, and prefer deaf, senior-centred facilities. For Muslim seniors, while they have some unique needs for food, caregiver, and religious practices, social support and community and family ties are still very important. These concerns parallel those of LGBTQ seniors in wanting a safe, welcoming and accepting environment, LGBTQ-friendly and even specific facilities, and feeling comfortable with their gender identity or sexual orientation. The presentation includes recommendations for technology and neighborhood/signage designs to accommodate these three underserved groups (e.g., technology can help seniors stay connected; better signage should embody anti-discriminatory policies).

Themes: senior housing facility, recommendations (technology, neighborhood design), connectedness, social support, safety, service access

Reports

MAP & SAGE (2010). Improving the lives of LGBT older adults

MAP & SAGE (2010). *Improving the lives of LGBT older adults*. Denver: LGBT Movement Advancement Project (MAP) & Services and Advocacy for Gay, Lesbian, Bisexual & Transgender Elders (SAGE). Retrieved from: <http://www.lgbtmap.org/improving-the-lives-of-lgbt-older-adults>.

Background:

LGBTQ seniors comprise a growing and significant portion of the American population. They make up an important part of both LGBTQ and senior demographics. However, they have not received the appropriate attention for sound public policy that supports their health and wellness. This report examines key challenges for LGBTQ seniors as well as their unique circumstances compared with their straight counterparts, and report provides policy recommendations that seek to better the livelihood of LGBTQ seniors as they age.

The report breaks LGBTQ seniors' unique life circumstances into three primary areas of focus: historical and continuing prejudice and discrimination, the notion of the surrogate family, and discriminatory legislation and policies. These circumstances create an environment that prevents LGBTQ seniors from achieving financial security, accessing "good health and healthcare" (p. iii), and enjoying a supportive social and community network. Each of these elements is elaborated upon as follows:

- 1) Contrary to mainstream stereotypes, LGBTQ seniors are more likely to live in poverty than their heterosexual counterparts. Their financial situation is often compounded by a host of heterosexist policy and programs such as Medicaid, Social Security, pensions, and estate taxes.
- 2) Health inequities data often exclude LGBTQ seniors. The health care setting and long-term care facilities can be discriminatory and hostile, making it very difficult for LGBTQ seniors to receive the appropriate services they need. Limited understanding of surrogate families creates further barriers for LGBTQ seniors to feel supported and cared for in a health care setting.
- 3) LGBTQ seniors are also more likely than the general population to face social isolation that has devastating physical, mental, and emotional effects. Social isolation is a direct result of continuous discrimination from mainstream elder programs and services, the volunteer sector, housing, and even the LGBTQ community (e.g., especially from young gay men). Constantly being ostracized reduces an individual's sense of belong, purpose, and connection with a wider community.

Implications:

The report provides very specific local, community, and state-level recommendations for each of these three issue areas. As an example, to alleviate financial security and improve health and

health care, decision makers can more fully recognize the role of the surrogate family and expand the definition of spouse to same sex partner. To address social isolation, decision makers can encourage and support LGBTQ senior-specific programs and services to foster a sense of belonging. Policy changes would take time to come to fruition. The report offers broader advice to address some of the root causes of the challenges and acknowledge the urgency in timing to support LGBTQ seniors. The recommendations include: 1) immediate funding and education support for LGBTQ seniors programs and services; 2) developing strategies and a robust infrastructure for advocacy and partnerships; and 3) education and more research to better understand the realities, strengths, and challenges of this unique population.

*Author's note: The recommendations from this report are situated in an American context with a different health care system and different legislation relative to Canada.

Themes: public policy, challenges, financial security, poverty, surrogate family, discriminatory legislation and policies, access to good health, access to health care, cultural competency, social isolation, lack of research, recommendations, LGBTQ senior-specific programs and services, belonging, funding and education support, advocacy, partnerships, research

PFund Foundation (2010). Ready to serve? PFund Foundation report of the aging network and lesbian, gay, bisexual and transgender older adults

PFund Foundation. (2010). Ready to serve? PFund Foundation report of the aging network and lesbian, gay, bisexual and transgender older adults. Minneapolis: PFund Foundation. Retrieved from: [http://www.pfundonline.org/pdf/Ready to Serve PFundReport.pdf](http://www.pfundonline.org/pdf/Ready_to_Serve_PFundReport.pdf)

About the organization:

PFund Foundation is a non-profit organization that advocates and supports LGBTQ individuals and communities in Upper Midwest U.S. This region includes the following states: Iowa, Minnesota, North and South Dakota, and Wisconsin. The organization provides training, support, funding, and research to advance the civil rights of LGBTQ communities.

Research goal & method:

The research report, funded by PFund, examined the readiness to support LGBTQ seniors of elder care agencies, collectively called Area Agencies on Aging (AAA) or State Units on Aging (SUA), depending on geography and jurisdiction. Fifteen (out of 24) eligible agencies in PFund-supported regions, primarily in rural areas, participated in an online survey about their readiness. The survey asked about the agencies' current services for LGBTQ population, their training experience with LGBTQ issues, whether they would be willing to provide training to their staff on such issues, and their beliefs about LGBTQ-exclusive services.

Results:

The study revealed that more than half of the PFund region agencies had supported training on LGBTQ seniors, one agency targets LGBTQ seniors in its service delivery, and only two agencies have had LGBTQ seniors request services for their specific needs in the recent year. In several cases, agencies responded with non-exclusive, blanket statements such as “outreach is not inclusive or exclusive,” “targeting persons aged 60 or older,” or “We treat all clients the same.” About half of the agencies recognized the need to cater services to the specific needs of LGBTQ seniors while others took a more universal approach by emphasizing equal treatment for all people. In terms of providing separate services to LGBTQ seniors, the opinions diverge in that the majority felt segregation perpetuates discrimination. Generally, most of the service providers felt that other local elder services would be welcoming of LGBTQ seniors. However, the challenge is that many LGBTQ seniors are reluctant to identify their sexual orientation or gender identity to a service provider because of previous negative experiences and fear of discrimination. Universal policies might therefore overlook the needs of this demographic.

Implications:

Staff training in LGBTQ issues and needs was a major recommendation for the agencies. Other suggestions include creating understanding and welcoming environments (including written forms) for LGBTQ elders, recognizing surrogate and extended families, and familiarizing and/or connecting with other community groups that specifically serve LGBTQ populations. For policy makers, recommendations focused on funding and legislation to support LGBTQ seniors.

Themes: community readiness, service provision, cultural sensitivity, universal policy, LGBTQ-specific services, recommendations, legislative policies, funding, surrogate families, safe and welcoming environment

QMunity (2013). Aging Out: Moving towards queer and trans competent care for seniors*

QMunity (2013). *Aging Out: Moving towards queer and trans* competent care for seniors*. Vancouver: QMunity Generations & Vancouver Foundation. Retrieved from: <http://www.qmunity.ca/wp-content/uploads/2013/10/Aging-Out-Discussion-Paper-Web-Sept-2014.pdf>

Background:

QMunity’s project on LGBTQ seniors from British Columbia demonstrates this population’s concerns for aging and entering assisted living and long-term care facilities. The size of the senior population is rising rapidly. Even with the most conservative estimates, LGBTQ seniors make up approximately 7% of the senior population, a significant proportion, as recorded by Fraser and Vancouver Health Authorities (this does not include those who are closeted).

However, having lived through historical discrimination and prejudice, LGBTQ seniors tend to be mistrustful of health care professionals and caregivers. At group residences, they are also guarded about their gender identity and sexual orientation with fellow residents.

Approach:

To ensure wellness and healthy aging for LGBTQ seniors as many transition into lives where they are dependent on others, the report strongly urges immediate policy development and modification in senior services and facilities to foster a welcoming and safe environment. Through literature reviews, resident and worker consultation, and community discussions, QMunity synthesized two main recommendations for care providers.

Implications:

With respect to the intake process, the report recommends training for staff and modification of existing intake forms to better reflect the realities of LGBTQ seniors (e.g., avoiding gender binary terms, recognizing the role of family of choice). These policy changes will more adequately capture key information to provide clients with the appropriate care.

The First Appropriate Bed (FAB) is a health policy that determines whether a senior is eligible for space in an assisted living facility, based on a set of criteria. Once eligibility is confirmed, the client has 48 hours to occupy the space or decline the offer and return to the long waiting list. However, 48 hours is not adequate for the client to assess whether the facility is indeed safe and non-judgmental. The report therefore recommends rethinking “appropriate bed” by taking into account LGBTQ seniors’ realities and challenges and mandating cultural competency training to better support these clients.

Despite the barriers, challenges, and concerns expressed by LGBTQ senior participants in the research, the report also recognized the level of readiness among long-term care service providers for change, demonstrating signs of hope in improving the lives of LGBTQ seniors.

Themes: policy, health policy, public policy, intake forms, cultural competency training, guarding information, inadequate and inappropriate care and services, transitioning, long-term care, assisted living, wait list, readiness for change, fears and concerns for discrimination, mistrust of care providers

SAGE (2011). Public Policy and Aging Report: Integrating Lesbian, Gay, Bisexual, and Transgender Older Adults into Aging Policy and Practice

SAGE (2011). Public policy and aging report: Integrating Lesbian, Gay, Bisexual, and Transgender Older Adults into Aging Policy and Practice. Services & Advocacy for Gay, Lesbian, Bisexual & Transgender Elders (SAGE). 21(3). Retrieved from: <http://issuu.com/lgbtagingcenter/docs/ppar-summer2011/3?e=0>.

This report is rooted in an American context. It includes a collection of essays and reflections on the work that has been invested into LGBTQ seniors and the public policy arena. Overall, the articles echoed one another in the concern that there is limited research in the field of LGBTQ seniors’ health and wellness, and therefore little data about a population that is not well understood. The challenges that surface across the articles include historical and ongoing discrimination, social isolation, and surrogate families frequently not recognized in services and

policies. Public policies have been highlighted as playing a strong role in shaping the livelihood of LGBTQ seniors. Therefore, energy must be dedicated to informing policy-making.

Fredriksen-Goldsen:

Fredriksen-Goldsen looked at state-level population studies and compared different demographics within the LGBTQ senior population. The analysis demonstrates heterogeneity among LGBTQ groups in terms of disease prevalence and health conditions. However, the author also discusses strengths, pointing out that despite the health disparities, the LGBTQ community is resilient and resourceful. Older LGBTQ adults are more likely to get flu shots and HIV tests, enjoy leisure activities, and feel connected with their communities. The author suggested a transformation in public policies, particularly with preventing discriminatory practices and attitudes.

Espinoza:

Espinoza reports the political significance of the emergence of the Diverse Elders Coalition, a conglomeration of seven elder organizations, spearheaded by a LGBTQ organization. The formation of the coalition marks a historical moment in building momentum in pushing forward a policy agenda to meet the needs of LGBTQ elders. The author portrays the LGBTQ seniors demographic as facing profound disparities and consequently increased vulnerability. LGBTQ elders have experienced historical discrimination. Unlike heterosexual seniors, LGBTQ seniors do not have the benefits that the state provides for married couples, resulting in negative economic impact and vulnerability such as greater poverty and poorer health. However, other elders of diverse origins also face some of these challenges. Thus, Espinoza suggests that a collaborative approach through an “intersectional lens that links sexual orientation, gender and gender identity, race, class, and more” will be critical when advocating and developing policies. This is why the Diverse Elders Coalition is so significant.

Tobin:

Some of the other authors focus on specific sub-populations within the LGBTQ demographic. Tobin for example, emphasizes the quality of life for transgender older adults. The health and well-being of transgender people is yet another gap in research. Many of the transgender older adults transitioned during a tumultuous period when they became socially isolated from friends and family and were mistreated in a variety of settings because of the mismatch between their biological sex and gender identity. The article advocates for the same health rights through a concerted policy movement for transgender elders.

Tietz & Schaefer:

Tietz and Schaefer looked to older adults with HIV/AIDS. In American urban centres, over 40 percent of individuals living with HIV are over the age of 50. The significant proportion is a result of the surge of HIV/AIDS in the 1980s and the subsequent advances in technology that are allowing people to live longer, better quality lives. Some challenges exist with addressing “the aging of the HIV epidemic” (p. 30). Older adults are more prone to HIV infection compared to the younger generation because of aging. Many older adults do not believe they are at risk for HIV because of their age. As a result, a significant number of older adults are having

unprotected sex. Adherence to the medication regime is another concern. Older adults with HIV are more socially isolated because of stigma associated with the virus and therefore have less support to follow a rigorous medical protocol. Unfortunately, neither HIV/AIDS nor seniors' organizations are prepared for the challenges of older adults living with HIV. Better coordination between service networks and government agencies such as the U.S. Department of Health and Human Services and the Center for Disease Control and Prevention, as well as greater legislative support, would improve the health and wellness of older adults living with HIV.

Adams:

Some articles are more reflective, such as Adams' thoughts on the advancement of a LGBTQ aging policy agenda. Speaking as the executive director of SAGE, Adams outlines challenges that SAGE faces when moving ahead in policy advocacy: 1) strong support in leadership with capacity; 2) change requires new resource allocation (power, financial resources); 3) the inevitable resistance during the economic downturn in the country; 4) deft leadership and creative advocacy to overcome the resistance; and 5) limitations despite the progress. The limitations that the author discusses relate primarily to the approach to policy; rather than "broad-reaching efforts," most efforts have been reactive and seek to fix problems. The creation of the Diverse Elders Coalition mentioned by Espinoza addresses this limitation to some extent.

Baker & Krehely:

Baker and Krehely discuss specific reforms in healthcare policies to support the needs of LGBTQ elders. This issue is situated within a very specific American context. In general, LGBTQ older adults face barriers when it comes to accessing affordable and comprehensive insurance coverage, culturally competent services, health disparities, especially in HIV/AIDS, mental health, and chronic disease management. The Affordable Care Act, the largest recent healthcare reform in the United States, helped to alleviate many of these challenges, and is a step in the right direction of supporting LGBTQ seniors.

Meyer:

One of the most important public policies related to health and social services is cultural competency, discussed by Meyer in an article about the concept of safe spaces. Meyer points out that national organizations, such as SAGE, have the knowledge and resources to provide cultural competency training for aging services, an area that is receiving increasing national attention. Since 2010, the U.S. Administration on Aging, a federal entity, officially acknowledged that LGBTQ seniors are a unique population that calls for specific understanding. The result of this acknowledgement was the formation of a resource centre led by SAGE that would provide cultural competency training for service providers. Surveys demonstrated that aging service staff with cultural competency training were more likely to be approached by LGBTQ seniors for help. Thus, cultural competency training is critical to better serve LGBTQ seniors. Cultural competency is comprised of three components: awareness (knowing about the needs of LGBTQ seniors), humility (recognizing that we can only understand but never be able to live someone else's experience), and responsiveness (applying one's understanding of LGBTQ

seniors' needs in individual situations). Despite various steps towards cultural competency training, the author points out that legislation and public policies such as California's "Older Californians Equality and Protection Act" are still a vital first step for protecting the dignity of LGBTQ seniors and creating a safe and welcoming environment.

Barrios-Paoli & Thurston:

Barrios-Paoli and Thurston present a case study of a senior centre model in New York City. This initiative emerged to respond to the diverse needs of the city's senior population. The Innovative Senior Centre is a collaboration between private and public sectors. Non-governmental organizations sought the help of SAGE as a leader in the area of developing LGBTQ senior-specific resources and services. The City Department of Aging funded the project for eight Innovative Senior Centres, with two dedicated to populations with special needs. One of these centres will specifically target LGBTQ seniors. These centres will become focal points for designing novel service delivery and programming for seniors overall, meeting the needs of diverse groups and improving their health outcomes.

Conclusion:

Ultimately, the report urged greater research to better understand the LGBTQ senior population, and the development of more effective services, programs, and interventions. These changes will require that decision makers reflect and rethink how policies can adequately cater to an increasingly diverse aging population.

Themes: public policy, population profile, social isolation, specific sub-population (transgender, older adults living with HIV), seniors with unique needs, research, health disparity, collaboration, coordination, coalition, legislative support, political leadership, cultural competency, service provider training, resource centres, discrimination and victimization, chosen/surrogate family, poverty, health care reform, program innovation

Thesis dissertations

Baumgartner (2007). Aging and Sexual Minorities: Exploring the Health and Psychosocial Issues of Older Lesbian, Gay, Bisexual and Transgender (LGBT) Individuals

Baumgartner, T.C. (2007). *Aging and sexual minorities: Exploring the health and psychosocial issues of older lesbian, gay, bisexual and transgender (LGBT) individuals* (Master's Thesis). University of Pittsburgh. Retrieved from: http://d-scholarship.pitt.edu/8111/1/baumgartnertc_final_etd2007.pdf

Background:

This thesis explored the health and psychosocial needs of LGBTQ seniors within a clinical setting through surveys with both qualitative and quantitative components. The author also investigated the relationship between senior clients and their physicians. More positive rapport between patient and physician results in a better healthcare services and compliance. However, many physicians do not receive adequate cultural competency training during their medical education to properly interact with LGBTQ senior patients. Because of physicians' underlying assumptions and bias, LGBTQ seniors are mistrustful and reluctant to share personal information regarding their gender identity or sexual orientation that may deeply influence diagnosis and treatment.

Method:

Baumgartner distributed a comprehensive survey to LGBTQ seniors about their relationship with their health and psychosocial experiences. Seventy-nine participants filled out the survey. They were recruited through a network of organizations and services that cater to LGBTQ individuals.

Results and Implications:

Survey results revealed that contrary to what is said in the literature, LGBTQ seniors experience health needs that are not very different from their heterosexual counterparts. Also as a surprise finding, participants reported to be in generally good health, have positive relationship with their health care providers, have sufficient income and education, and are open about their gender identity or sexual orientation. However, greater communication is needed to inform LGBTQ seniors' communities about services and programs offered through the aging services. Survey participants voiced concern over the possibility of living in assisted living facilities. Some expressed interest in LGBTQ-exclusive facilities while others welcomed diversity in their environment.

Recommendations for physicians and health care providers include: 1) creating a welcoming environment with LGBTQ-relevant resources; 2) using gender-neutral language on in-take forms and being cognizant of assumptions and possible negative biases that affect developing a relationship; and 3) appropriate cultural competency training.

Theme: doctor-patient relationships, communication, mistrust of service providers, fear of discrimination, health disparity, cultural competency, physician training improving health care, psychosocial needs, lack of research; welcoming environment

Branca (2013). Senior Center Staff Perceptions of Lesbian, Gay, Bisexual, and Transgender Older Adults: A Research Proposal

Branca, K.L. (2013). Senior center staff perceptions of lesbian, gay, bisexual, and transgender older adults: A research proposal (Master's Thesis). University of Pittsburgh. Retrieved from: [http://d-scholarship.pitt.edu/18662/1/KELSEY BRANCA THESIS 2013\(1\).pdf](http://d-scholarship.pitt.edu/18662/1/KELSEY_BRANCA_THESIS_2013(1).pdf)

Background:

This thesis proposes a project to assess the attitude of service staff and existing policies in aging services. Many older adults who identify as LGBTQ have historical mistrust with aging service providers because of a lifetime of discrimination and victimization as well as a lack of cultural competency training. Many service providers tend to harbour their personal bias and assumptions towards LGBTQ populations, resulting in a failure of senior clients to tell the truth and receive appropriate care. The mistrust between clients and service providers thus perpetuates health disparities.

Proposed research objectives:

Branca proposes a mixed-method approach to examine 1) policies in senior resource centres and whether they address the needs of LGBTQ seniors; 2) attitudes and perceptions of the staff towards LGBTQ seniors; and 3) whether a difference exists in the attitudes of senior level leadership and frontline caregivers.

Proposed methods and implications:

The proposed methods include focus groups and surveys to achieve the research objectives. Findings have the potential to inform future senior service delivery for LGBTQ seniors and identify areas of training for the staff members.

Themes: relationship between service providers and clients, mistrust, cultural competency training, staff attitude and assumptions, policy, discrimination and victimization, health disparity

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